

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-000906

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 93

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER 62-6

FILED FEB 5 1962

1. PLACE OF DEATH

a. COUNTY

Dade

b. CITY (If outside corporate limits, give TOWNSHIP only)

Everton

Length of stay in 1b

39 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Dade

c. CITY OR TOWN

Everton

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION North Part Town

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location) North Part Town

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last Leonard Albert Probst

4. DATE OF DEATH

Month Day Year January 29 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-15-1897

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer-Stockman-Registered Pharmacist

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Ash Grove Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A

13a. FATHER'S NAME

George Probst

13b. MOTHER'S MAIDEN NAME

Mary Corliss

14. NAME OF HUSBAND OR WIFE

Mrs. L. A. Probst

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

No None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. L. A. Probst Everton, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY)

IMMEDIATE CAUSE (a)

Probably Heart Failure

INTERVAL BETWEEN ONSET AND DEATH

Minutes

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Car accident

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Bruise + abrasion on head chest had hit steering wheel

20c. TIME OF INJURY

Hour Month, Day, Year

2:45 p.m. 1-27-62

Car hit side pole + ditch

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

Street in Everton

20f. CITY, TOWN, OR LOCATION

Everton

COUNTY

Dade

STATE

Mo

21. I attended the deceased from

after death

and last saw her alive on

Death occurred at

2:45 p.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

W. R. Allison Coroner

22b. ADDRESS

Greenfield Mo

22c. DATE SIGNED

1-29-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb 1-1962

23c. NAME OF CEMETERY OR CREMATORY

Sinking Creek Cem.

23d. LOCATION (City, town, or county)

Near Everton Missouri

24. FUNERAL DIRECTOR

ADDRESS

W. B. Buch Ash Grove Mo

25. DATE RECD. BY LOCAL REG.

Feb 3, 1962

26. REGISTRAR'S SIGNATURE

J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 15 1962

MAR 15 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Richard E. Watts

Licensed Embalmer No. 4652

P. O. Address Ashe Grove

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.